

**STATEWIDE PROGRAM STANDING COMMITTEE  
FOR ADULT MENTAL HEALTH**

**Meeting Notes  
November 14, 2005**

**MEMBERS** Kitty Gallagher, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh  
**PRESENT:**

**VDH/DMH** Melinda Murtaugh, Frank Reed, Terry Rowe, Brian Smith, and Beth Tanzman  
**STAFF:**

**OTHERS:** Erhard Mahnke, housing consultant

Marty Roberts facilitated today's meeting.

**Division of Mental Health (DMH) Update: Frank Reed**

**Program Reviews.** The next program review visit will be to Northeast Kingdom Human Services (NKHS) on Thursday and Friday, December 1 and 2. Marty will be the Standing Committee representative on that visit. The next program review will be at Health Care and Rehabilitation Services (HCRS) of Southeastern Vermont, probably within the next couple of months. Sue Powers volunteered to go as a backup on that visit.

**Designation Report.** Redesignation is currently in process for Lamoille County Mental Health Services. Frank expects to be able to bring a draft report to the December meeting of the Standing Committee.

**Transport Services/Hospitalization.** Sheriffs made more than four hundred transports of adults back and forth between courts and designated hospitals during Fiscal Year 2005. Reviews of these transports are currently done manually, and they are very time-consuming. The Division of Mental Health (DMH) is working to implement a transport policy that supports a least-restrictive alternative to the clinical determination of the need to use shackles for transports for court appearances.

**Vermont's COSIG (Co-occurring State Incentive Grant).** The grant adds several positions in Mental Health and Substance Abuse. Position descriptions have been written and are awaiting approval from the Joint Fiscal Committee. The goal is to expand co-occurring treatment more broadly in the service system and to achieve better integration of information between Mental Health and Substance Abuse. All activities under the grant will be related to infrastructure; no actual new services will be funded.

### **Membership Update: Marty Roberts**

**Vermont State Hospital (VSH) Governing Body.** Chandar Hall has filled out the form for gubernatorial appointments and should soon be sending it to Frank Reed for forwarding through channels. She is applying to be an at-large representative on the VSH Governing Body.

After Jerry Goessel's resignation, the Governing Body has two at-large vacancies. (Jerry is the former Executive Director of the National Alliance on Mental Illness of Vermont, or NAMI—VT.) Two of the three at-large members are required to have administrative experience in mental health. Butch Alexander, who is the Executive Director of Lamoille County Mental Health Services, is one at-large Governing Body member who meets that requirement. Marty asked if the Standing Committee would like to put forward the name of Cindy Wecker again as a possible additional consumer representative. No action was taken.

**Standing Committee Membership.** The Adult Standing Committee currently has nine members, the maximum that Governor Douglas would like to see on the committee. It could nevertheless be useful to send another nomination to the Fifth Floor to underscore members' desire for a larger committee.

### **Goals of VSH Focus Groups**

This item appears on the agenda at Jim Walsh's suggestion. He wants to discuss the purpose(s) of VSH focus groups as perceived by Standing Committee members. What, he asked, is the expectation about the results of the feedback to the Standing Committee and to VSH? What are members supposed to do about following up on the information passed along to Terry Rowe? The most recent arrangement is that Terry will give a report to the Standing Committee every three months.

Frank Reed reminded the Standing Committee that the original idea was to alleviate concerns over transparency, try to make sure that patients have real input into their treatment environment or issues of concern. The Standing Committee is an external opportunity to get information into the loop at the State Hospital. Over time, Frank continued, if some issues keep coming back from different people, then "something's not working." The final understanding of the committee is that both individual issues and trends are important, but the emphasis as far as the Standing Committee is concerned is on the identification of trends. Vermont Protection and Advocacy is a possible option for following up issues that individuals may have about their treatment.

### **VSH Update: Terry Rowe**

**Annual License Application.** The annual application has been filed with the Vermont Department of Health (VDH), Terry said. VSH needs to update the grievance policy; revisions will go to the Governing Body on Wednesday (that is, November 16). It has already been reviewed by the Grievance Policy Committee. The State Hospital also needs to take steps to come into compliance with a new law on a bill of rights for patients.

A discussion of the Standing Committee's role in policy review ensued. The Standing Committee does not currently have an active Policy Subcommittee, and so Terry has thought it best to make the policy available to all committee members. The revised grievance policy was circulated quite a while ago, Terry said, and it has received extensive input by now. Clare Munat asked how well patients understand the grievance policy, the patients' bill of rights, and other patient safeguards. Terry replied that she would like to see orientation sessions conducted on these matters independently of State Hospital staff. No general agreement emerged about how to achieve these kinds of independent orientations, however.

**VSH Tour for the Legislative Oversight Committee.** The Legislative Oversight Committee was given a tour of the State Hospital to look at the renovations that have been completed recently. Over \$1 million has been spent on this work so far, and some projects are still in progress (porch and ceiling repairs and improvements to outside access, for example). Periodic safety reviews on a regular basis will be done in the future, Terry said; details have yet to be worked out.

**Certification.** The question has been raised as to whether or not to pursue recertification by the Centers for Medicare and Medicaid Services (CMS), Terry said. Currently, the priority at the State Hospital is all on the Department of Justice (DOJ) and acting as expeditiously as possible to resolve all outstanding questions raised by DOJ's findings. In addition, the right hospital staff need to be in place before further thought is given to recertification.

**Elopements.** VSH has a policy in place. Technically, Terry explained, the State Hospital is required to inform Licensing and Protection only if VSH does not follow its own policy. It has been neither policy nor practice for VSH to inform the media directly when an elopement occurs. VSH calls the State Police, who then call the media.

Terry asked what questions Standing Committee members have about elopements. Sue Powers asked if there are provisions for notifying family members. Terry replied that VSH staff should be in ongoing contact with families as part of treatment and support. The current policy does not include guardians or people with durable powers of attorney (DPOA), but it could be changed.

In general, Terry said, elopements should be seen as an inevitable part of the operations of psychiatric units. She found fault with the media coverage given to two elopements in September for the implication that VSH was trying to be secretive about what had happened. Clare asked if a letter from the Standing Committee to the press would be helpful. Terry admitted that some public support would be welcome. Marty brought up the necessity of more public education about the Vermont State Hospital.

### **Housing Issues: Erhard Mahnke**

Brian Smith, the Division of Mental Health's housing specialist, introduced Erhard Mahnke, who has been a consultant to the Vermont Affordable Housing Coalition for the past seven or eight years. Erhard also advises the statewide Homeless Coalition and is an expert on federal Section 8 policy. Anyone coming out of the State Hospital is "up against it" to find housing that is

affordable without Section 8 or some other subsidy, Brian said. That has been the case for quite a number of years. DMH has had a housing contingency fund to supplement clients' resources for meeting their housing needs since at least 1988, but, at \$300,000 annually, the contingency fund is the same in 2005 as it was in 1988.

Erhard distributed "Between a Rock and a Hard Place: Housing and Wages in Vermont, 2005 Update." Last year the fair market rental for a two-bedroom apartment in Vermont averaged \$698; for a one-bedroom apartment, it was \$568. At the same time, monthly Supplemental Security Income (SSI) checks were \$616. For many Community Rehabilitation and Treatment clients, SSI checks are their only income.

The housing wage in the state currently is \$13.42 per hour, or around \$2,100. Affordable housing in Vermont is very limited because of a complexity of issues, including a low vacancy rate (at 4 percent, it is among the lowest in the country) and cutbacks in housing funding that began in the early 1980s (federal dollars have fallen by 60 percent since then). For more information on housing in Vermont, see "Between a Rock and a Hard Place." To obtain additional copies of the report, contact Erhard at [erhardm@sover.net](mailto:erhardm@sover.net).

Other handouts on housing included:

- ✓ The National Low Income Housing Coalition's summary of President Bush's Fiscal Year 2006 request for Housing and Urban Development
- ✓ The Vermont Affordable Housing Coalition's Overview of 2005 State Budget Issues
- ✓ The Department of Health, Division of Mental Health's Housing Contingency Fund Guidelines

See attachments.

DMH will continue to work with other agencies to take advantage of opportunities for the development of more affordable housing in Vermont.

Note date: Wednesday, February 22, 2006, is legislative advocacy day for the Vermont Housing Conservation Board.

### **Departmental Updates: Beth Tanzman**

**VSH Futures Project.** Basically, the project has three tracks right now: (1) replacement for inpatient care at the Vermont State Hospital, (2) community-based subacute rehabilitation and secure residential program development, and (3) care management, or collaboration among providers and across programs to govern how people move through the system. Pending budget allocations, additional areas of focus will be housing, peer support, crisis stabilization, and transportation services. The most recent summary of the status of the VSH Futures Project is Beth's brief of November 7 for the Mental Health Oversight Committee. (See attachment.)

**Recruitment of New DMH Director of Community Services.** Now that Beth has become the Director of the VSH Futures Project, DMH is recruiting for a new Director of Community Services. Ads have been posted in newspapers around the state and with national professional organizations too. Several applications have been received, and interviews will probably be scheduled in another two or three weeks. Bill McMains is the coordinator of the search committee. Beth asked if the Standing Committee would like to participate on the search committee. If so, let DMH know soon.

**Community Services and Fiscal Year 2006 Budget Increase.** The Fiscal Year 2006 increase in the budgets for mental health and developmental services was not quite the 7.5 percent that designated agencies had been expecting, and many stakeholders have been wondering why. Beth explained that the increase was limited to dollars from the state's General Fund; it was not a 7.5 percent increase in the overall budgets for all of these services. In addition, the increase must be matched to federal Medicaid funding, a requirement more difficult to achieve in programs such as Adult Outpatient and Emergency Services than in Community Rehabilitation and Treatment or Children's Services. Also the increases did not apply to funding for some mental-health services that may come from other agencies (for example, Vocational Rehabilitation, Alcohol and Drug Abuse Programs, the Department for Children and Families, and the Department of Education). Last fall's sustainability study called for 9 percent increases in overall budgets for agencies each year in order to keep up with increasing costs and inflation.